

**COMMUNICATIONS SERVICES TAX
REGISTRATION CHANGE REQUEST**

After completing the applicable section below, detach this form from the booklet and remit to address at the bottom of page.

CHANGE FROM:

COMPANY/RETAILER

COMPANY/RETAILER NAME	COMMUNICATIONS TAX REGISTRATION NUMBER
CORPORATE NAME, PARTNER NAMES OR PROPRIETOR'S NAME	FEDERAL EMPLOYER IDENTIFICATION NUMBER
NUMBER & STREET ADDRESS	SOCIAL SECURITY NUMBER
ADDRESS (continued)	
CITY/TOWN, STATE & ZIP CODE	

CHANGE TO:

COMPANY/RETAILER NAME	COMMUNICATIONS TAX REGISTRATION NUMBER
CORPORATE NAME, PARTNER NAMES OR PROPRIETOR'S NAME	FEDERAL EMPLOYER IDENTIFICATION NUMBER
NUMBER & STREET ADDRESS	SOCIAL SECURITY NUMBER
ADDRESS (continued)	
CITY/TOWN, STATE & ZIP CODE	

CHANGE FROM:

AGENT MAILING ADDRESS

AGENT NAME	FEDERAL EMPLOYER IDENTIFICATION NUMBER
NUMBER & STREET ADDRESS	
ADDRESS (continued)	
CITY/TOWN, STATE & ZIP CODE	

CHANGE TO:

AGENT NAME	FEDERAL EMPLOYER IDENTIFICATION NUMBER
NUMBER & STREET ADDRESS	
ADDRESS (continued)	
CITY/TOWN, STATE & ZIP CODE	

COMPANY/RETAILER NAME CHANGE OR ENTITY CHANGE

CHANGE FROM: _____ TO: _____

COMMUNICATIONS SERVICES TAX REGISTRATION NUMBER: _____

FOR DRA USE ONLY

I understand a return must be filed for each month, even though there may be no tax due.

SIGNATURE (IN INK) OF RETAILER (PROPRIETOR, PARTNER OR CORPORATE OFFICER)

DATE

MAIL
TO: NH DEPT OF REVENUE ADMINISTRATION
AUDIT DIVISION
PO BOX 457
CONCORD NH 03302-0457